MEDICAL MISSIONARY

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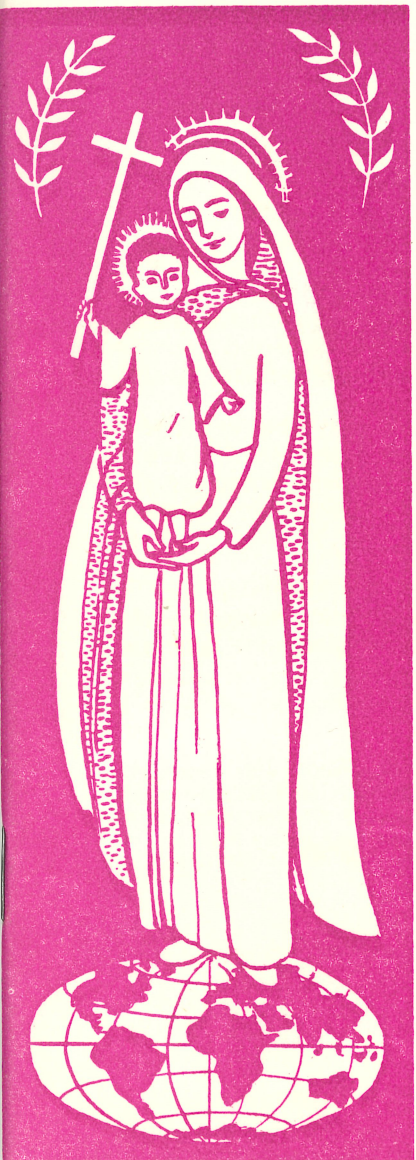

JULY
AUGUST
1954

THE
MEDICAL MISSIONARY

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Picture credits: W. H. O. pages 197 and 210.

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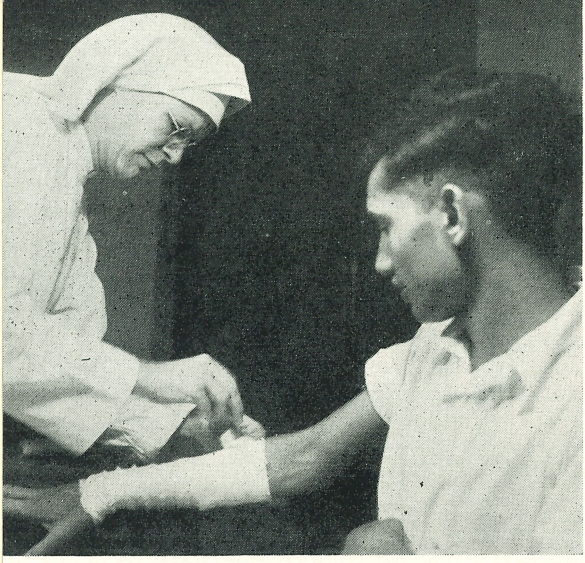
Punjabi refugees welcome the Sisters to their home.

Christian Goodness — a Revolution

AS CHILDREN, one toy which managed to keep us quiet for a longer time than usual, was a tiny blue and red horseshoe. How often Mother's pins were scattered over the carpet just so we could have the joy of watching the pins jump up to the horseshoe in our hands. The action of the magnet fascinated us.

This toy together with a phrase from our Holy Father's Marian Year prayer, "make all men feel the attraction of Christian goodness," came to mind recently during a visit to our hospitals in India and Pakistan. "Make all men feel the attraction of Christian goodness" is a petition full of meaning for Catholic hospitals in mission lands. For, beneath the mountain of statistics recording how many patients are treated, how many babies born and operations performed, there is the unrecorded statistic of so many non-Christians who have felt the attraction of Christian goodness which radiates



Sr. M. Cyril, R. N. from Cleveland, Ohio, has served the patients at Holy Family Hospital for seven years.

from Catholic hospitals. In some places it seemed as if that attraction to goodness was as compelling as were the pins to the magnetic toy of my childhood. Holy Family Hospital, Patna, is a good example.

Come along a tiny, crowded street that is lined with the small shops of Indian merchants who sit cross-legged on the floor of their closet-like stores, a display of their wares about them: peanuts, kerosene lamps, cloth, vegetables, brass ware. The smell of incense so characteristic of the Orient is in the air and so are the shouts of hawkers and tonga drivers. Down the alleyway, past the shops, there is a narrow gateway and a simple sign in Hindi and English which reads: Holy Family Hospital. On the outside of that gate there are the poor who struggle for existence. People who work to eat and eat to work; people who must concentrate thoughts and efforts on self and survival; people who cannot afford to spend a thought on others. On the inside of the gate, there is a group of people who have dedicated their lives to others; people who spend themselves in selfless service.

Holy Family Hospital has a small compound, perhaps that is why it gives the impression of being filled to overflowing with life and death, joy and sorrow, mercy and love. The men and women from the Patna bazaar have been drawn to the narrow gates of Holy Family Hospital because they know that within those gates there will be tenderness and sympathy, loving attention to their diseased bodies. They have felt the attraction of this Christian goodness. It is Christ's love, His care for the sick poor, His goodness that is dispensed through the hands of Sr. Leonie who operates on them, Sister Juliana who delivers their babies, Sister Aquinas, Sister Bertrand, Sr. Jane Francis, Sister Cyril and Sister Adelaide who serve them. It is the catching force of their example that acts as a magnet. The men from the Patna Bazaar may not know Christ the Son of God as such. They do not acknowledge His Sacramental Presence in the hospital chapel but they have felt His goodness.

St. Michael's Hospital in Mymensingh, East Pakistan is the same story with a different setting. On the outskirts of a Moslem town, down the bumpy dirt roads, beyond the matted bamboo huts and banana palms, a *revolution,* one man helping another for the love of Christ — overthrowing the principle of every man for himself. Here too they come, patients with four and five diseases eating away their bodily strength. They come because they have heard of these Christians who are kind. It is not the fine buildings that attract them; they are not there. It is not the costly equipment; the furnishings are simple. It is the magnetic

power of Christian goodness that draws them to St. Michael's.

Holy Family Hospital, Mandar, rises up from the soil, beautiful against a background of barrenness. Mandar is a sharp contrast to its sister hospital in Patna. The compound is wide and open and studded with flower beds. It is not cramped and crowded but lies free and sprawling among the open fields. Mandar's patients must travel to reach its doors and they do, on foot, in humble ox carts, or on makeshift stretchers and string beds. Often patients are carried for 10, 15, 20 miles or more. Once the stretcher bearers lay their burden at a Sister's feet, you can see the relief on their faces and the confidence in their glance. Why do these simple farm folk walk 20 miles under an Eastern sun to Holy Family Hospital? Why does the hospital's name spread from one mud hut to another and from village to village? Why? Because someone among them has experienced with his own hands the touch of Christ's mercy as some Sister bent over him in his illness and cared.

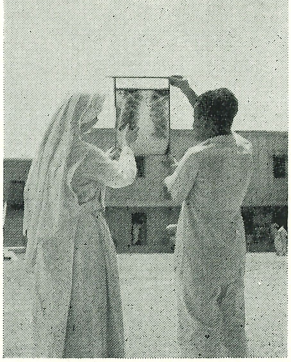
Our hospital in Dacca is still under construction yet the magnetic force is already at work. Moslem women are speaking about the hospital which is rising in their midst and with it rises their hopes for health. Moslem men visit the hospital site and watch the Sister doctor, turned-engineer, who is so careful about construction details. They are already grateful to the women who are preparing to care for their wives in keeping with the custom which demands that Mohammedan women be treated only by women. Perhaps they do not know the startling fact that there are 2,000,000 more men than women in East Pakistan but they do know that their women die because there are so few women doctors to care for them. And so they watch the progress of Holy Family Hospital, Dacca with eagerness and they look at the Sister doctor with gratitude and respect. They already have a foretaste of Christian goodness.

Sr. M. Aquinas, R. N. from Bronx, N. Y., ministers to a Sikh patient, Holy Family Hospital, Patna.

These four centers of mercy can be multiplied by the total number of Catholic mission hospitals everywhere. Catholic hospitals stand, each in their own community, as witnesses of Christ's love. They are places where Christ's goodness is preached, not by words but by example.

"Make all men feel the attraction of Christian goodness." Our Lady is listening to this petition daily as her Marian Year prayer is recited around the world. May she use these Christian strongholds, the mission hospitals, to bring men to her Son. And in countries where it is becoming increasingly difficult to maintain such institutions, may Mary strengthen and encourage those engaged in the apostolate so that this attraction to Christian goodness may continue.

—Sr. M. Richard, S. C. M. M.



THE TWINS

Sister M. Leonie, M. D.

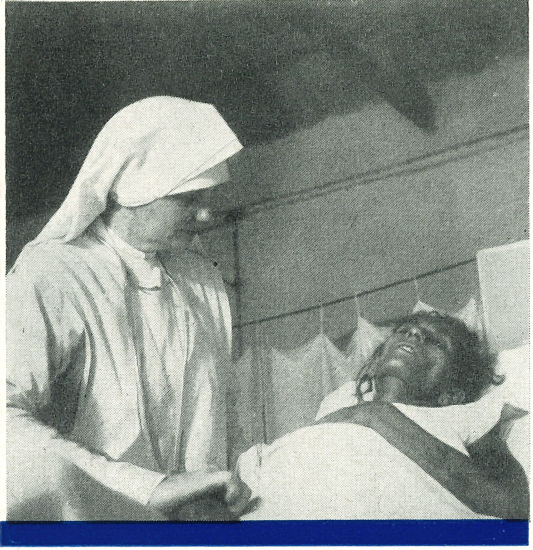
PATNA

WHEN the Sister Supervisor accompanied by the doctor entered Ram Bahadur's private room on the men's hall of the hospital, he shrank back. In olden times he would have been labeled "Unclean," and used a little bell to warn everyone to stay away. For although he was a middle aged Indian gentleman from a well-to-do family, he had been a victim of leprosy for years and of his hands and feet only stumps remained. He had wanted to spend his last few days on earth at Holy Family Hospital, and within the next few hours would die of tuberculosis. Here was a pitiful victim of the twin bacilli.

Today it is thought that there are approximately one million lepers in India since there has been no ostracism as in the western world where the disease is practically extinct. The ancient leprosy or the modern Hansen's disease is very old — many of the laws of Leviticus being directed against it. In India its victims are not segregated and wander around completely at liberty. Luckily leprosy is not very infectious and in the course of ages has learned not to kill its host. Patients with this disease live long unless an intercurrent infection carries them off. This is the tragedy of the disease. The long duration, the slowly decaying flesh, the periodic fevers, make it the dreaded disease it is.

Its twin, tuberculosis, which deserves yet greater dread, does not get its share of opprobrium. It is one of the major scourges of India today. Recently it has been estimated — exact numbers are not available — that between 60% and 70% of the people of India are afflicted with tuberculosis in one form or another. Judging from the number of tuberculosis patients seen daily in the hospital and clinic in Patna City, this would seem to be true enough. The pathetic part of it is that it affects young adults who should be in the prime of life.

The tuberculous bacillus is like a younger sister to the leprosy bacillus. It is more vigorous, attacks animals as well as human beings, is much more aggressive, and therefore much more contagious. It is not as wise as its older sister in bacillary wisdom and kills its victims, sometimes in a short period of time. Bacteriologically they belong to the same family and



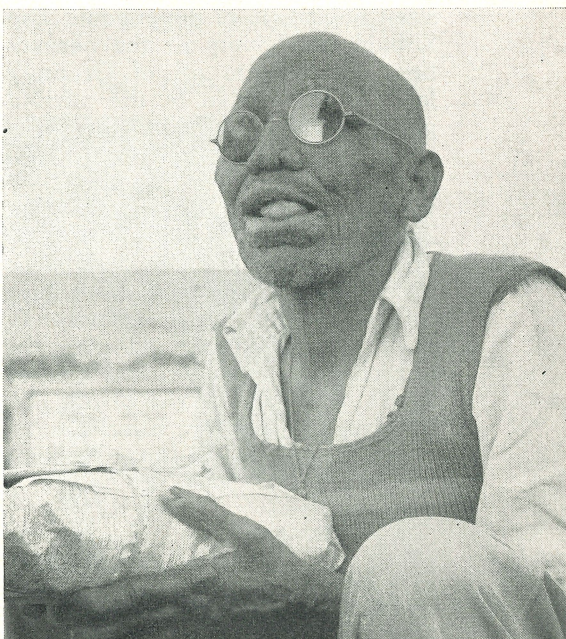
Sr. M. Leonie, M. D. comforts a T. B. patient.

have the same characteristics. Both are very difficult to grow on artificial culture media outside the body — the tubercle bacillus somewhat less so. They are called "acid-fast bacilli" because when stained in the laboratory they retain their color, even when treated with acid. Under the microscope the tuberculosis bacillus is slightly more slender than the leprosy bacillus. When they enter the human body the leprosy bacillus remains in the skin and mucous membranes of the nose, affects cutaneous nerves and lives on its host for a life time. The tuberculosis bacillus enters the body anywhere, most commonly in the lungs. If it attacks the skin, the lesions produced are very similar to leprous lesions.

This great similarity has led the medical profession to look for a cure for both among the same type of drugs. When promine proved promising for leprosy, it was also tried in tuberculosis but was a failure. Later reports indicate that thio-carbarsone is useful against both diseases.

One often wishes that large scale isolation could be feasible, because the ravages of tuberculosis at present in India are fully as bad as those of leprosy must have been in the Middle Ages. But this is not possible. Seeing the situation in Patna City convinces one of it. The crowded dark hovels, the prevailing unhygienic conditions favor a spread of the disease beyond all imagination. At present the only hope is early diagnosis with prompt treatment in special hospitals. Even more essential in the combat of both leprosy and tuberculosis is the raising of the economic level of the population as a whole. A well-fed person, who is not over-worked, is able to resist disease, especially leprosy and tuberculosis. An anaemic, under-nourished, over-worked, person is not. With the raising of the standard of living, the dark over-crowded houses will disappear, and India will be able to shake off its present tremendous load of disease. But until then the only thing to do is to provide facilities for the early treatment of all diseases, especially tuberculosis; remove the foci of infection from homes, whether rich or poor; and give treatment with the drugs at our disposal. This is what Holy Family Hospital aims to do.

A victim of leprosy patiently waits for treatment.



YOU SAVED MY LIFE!

Sr. M. Martin, R. N.

Twins—born at Holy Family Hospital, Karachi. Sr. M. Martin, R. N. chats with their mother.

ZUBAID'S own mother died shortly after he was born, and Granny, almost toothless, and with straggly thin lifeless gray hair streaming down, brought this 9 months old skeleton with skin stretched over it (7 pounds, I believe) for us to look after. Well, Zubaid took hold of life with good milk and some vitamins, and started gaining. He must have been with us between ½ to 2 months and was roly-poly plump when he left.

Zubaid's "man-mountain" father was working, off and on, for a mere pittance somewhere and had a fair sized household of dependents. But Zubaid was given all the necessities, and despite all of Granny's lack of knowledge of the various germ-theories, etc., and the horrible crowding, stench and abjection of the refugee "huddle" that was his home and surroundings, Zubaid maintained his "status quo" (usually they revert to their same state of skin and bones after they return to their poor environs). Well, Granny never got over the miracle that was worked in her "son" . . . and now she brings him for liver and calcium injections because he seems to have become somewhat anemic — though he's still nice and plump and "eats everything."

But Granny came quietly to me two weeks ago and was grunting slightly with each breath she breathed. "Sister, I'm not going to live long — you must look after and raise Zubaid." She went on to say, "I can't even take a little tea anymore — only a little mouthful of milk — maybe twice a day. Such a pain in my stomach all the time — and just see my mouth — all sore and hurting." It was plain Granny was starving, and malnutrition works a vicious circle. So Sister "went to her cupboard" and got out some of those marvelous Vitamin B tablets people had saved back home from little samples here and there, and some Vitamin C and a nice big tin of powdered whole milk, and a bit of "paint" for the poor sore tongue, along with the pertinent instructions about each.

Last Saturday Granny had again brought her "boy" for his injection; and not finding me, she went through every room and nook of

(Continued on Page 204)

SET UP IN BUSINESS

Sister M. Dolores, R. N.

HE WORKED for Holy Family Hospital for five years. Why he was not fired sooner is hard to say. Everybody felt sorry for him. Right in the beginning I heard Sister say, "We cannot keep Iqbal. He cannot do the work." Yet somehow he stayed on the payroll. The hospital grew and grew. There were more and more errands for him to make, more and more messages to deliver, and he got them all mixed up.

Then came the day when Sister said, "I am sorry, but you must look for another job. This work is too much for you. Try to get another job. You have a month in which to look around." He brightened a bit when Sister said, "We will help you to get a new job, do not worry." All the while Sister was thinking, "How will he ever get a new job, when he cannot even sign his own name, cannot read even his own language, seems to have no special aptitude? Even men of education are walking the streets looking for work.

Days went by. That forlorn look he always had was more pronounced. He did not say much, just looked, beseechingly silently. Sister prayed, "O Mary, get him a job before the end of the month. He must have a job, with three small motherless children. What will he do?"

"Sister, a police inspector is in the parlor. He wants to see you."

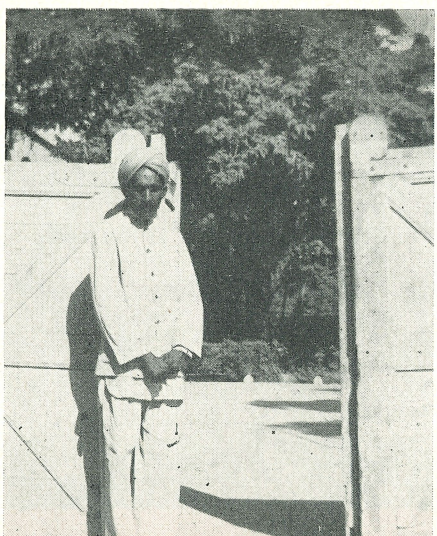
"Good morning, Sister. A bicycle has been reported stolen from the hospital compound. This is not the first time this has happened. You really should have a man at the bicycle stand to watch the cycles. He can charge the owners a small fee for this service. I can send you a man who will be willing to do this work."

Sister was about to say that this was a good suggestion, but suddenly changed her mind and said, "Thank you, I will make arrangements. THANK YOU for the suggestion." The police inspector did not seem pleased. He left saying, "You must station a man at the bicycle."

"Certainly, certainly, and THANK YOU very much," said Sister, beaming.

So Iqbal got a new job. All he has to do is take the cycles as the

Iqbal at Holy Family Gate, Rawalpindi.



visitors come in, put a ticket on them and give the owners a duplicate. For this service he is paid one anna (two cents) by each visitor who leaves a bike. The Sisters speculated at recreation the first day as to how much he would make. One thought two rupees a day. Another said, "At least four." The next day one of the Sisters reported that he had made six rupees! And in the summer when there are more patients he will make more. This may not seem much in America, but here with salaries as low as 40 to 60 rupees a MONTH, this is very good.

"O thank you, Mother of all."

YOU SAVED MY LIFE

(Continued from Page 202)

the hospital and finally located me — to tell me with a real sparkle in her fading eyes, that she wanted me surely to hear from her personally, that she was feeling so much better — she was actually hungry once again, and could eat, and no more pain, and her mouth was comfortable again. She added: "You Sisters have saved Zubaid's life and now you have saved mine, too. May God look down on you and bless you as long as you live."

—Sr. M. Martin, R.N.

New Medical Mission in Indonesia

Pare-Pare, about 100 miles from Makassar in the Celebes, is the situation of the new maternity center opened by the Dutch Province of the Medical Mission Sisters on April 26th.

The center is small to begin with —the ward holds only 8 beds and 8 cribs but already patients have begun to arrive. The first patient who came for an examination said, "Sister, how clean it is here, you must be rich." Sister M. Elizabeth, one of the pioneers, could not help telling her that cleanliness had nothing to do with riches. The cooking is done outside—in a primitive fashion. The water supply is very spasmodic.

R. I. P.

Rt. Rev. Dom Vincent J. Daly, O.C.S.O., Abbott, New Mellary Abbey, Dubuque, Iowa

Rev Joseph P. McCann, Youngstown, Ohio

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JOURNEY TO A *HOLIDAY*

Sister M. Roberta, R. N.

I'D LIKE to share a trip with you — the 800 or more miles between Holy Family Hospital in Karachi and Oxford Villa in Murree where we spend our vacations.

First, the preparations. One has to take along everything needed. One's own drinking water, for instance. And bedding. By the time the luggage was gathered together, ready for the trip to the station, there were eleven articles: one foot locker, one small suitcase, one large handbag full of books, one paper bag of sandwiches and fruit, one duffelbag of baby clothes and plumbing fixtures for Pindi, two bolts of plastic material for Pindi, one large bundle of magazines tied up in rope, one clay waterpot (sarai) of drinking water, one thermos of cracked ice — Sister Ursula added this bit of luxury — and a bedding roll consisting of a small pillow and the oldest sheet in the hospital. Sr. Martin looked over the outfit, ready for departure and summed up the situation in one sentence: "Looks like the National Geographic is sending a new expedition on safari."

Sister Ursula and Sister Brigetta took me to the train. The coolies at the station, who wear red turbans instead of red caps, took over the luggage. One stooped down while a second fellow slid the foot locker onto his head, then put the thick bundle of magazines on top of that. When the load was in place, he stood erect and walked gracefully off, with no sign of being burdened. I feel sure that trunk weighed close to 100 pounds.

A second red-turbaned coolie took the bolts of plastic and the rest of the bundles that we were willing to relinquish, and we all hurried to the second-class compartment where I had a place reserved.

The trains here are arranged so differently from the American style that I must try to give you a picture. The railroad car is divided into several compartments by permanent walls, which run the width of the train. That means there is no aisle going through the car, so one cannot leave the compartment except when the train stops. But it is really quite a nice arrangement. The long seats, which are the lower berths, are against the walls, opposite each other; there is a window and a door on both sides of the train, a little free space for luggage, and a tiny private bathroom. The upper berths are shelves which fold up against the wall

Oxford Villa, Murree, vacation place of the Medical Mission Sisters, situated in Himalayas, 7,500 feet above sea level.

when not in use. They are lightly padded and upholstered in imitation leather. No pullman porter is needed to fix them ready for use — one pull brings them down; there are steps built into the wall, and there is no bedding to arrange. Each passenger brings his own.

We left Karachi at 8:45 P.M., so I went to bed soon after the train pulled out. Preparations were simple: pull the bunk down, spread out my sheet, toss the pillow up, and climb in. My glasses and my shoes were all I could take off for the night.

The desert in Sind is *infamous.* I was well primed with stories of dust and heat, so came equipped with an O. R. mask to tie over nose and mouth to keep the sand out, and ice water to splash over me to cool off — these were suggestions from the other Sisters who had made the trip. I was expecting to spend the night in a miniature struggle for survival. I lay back and waited for the desert heat, the thirst, the perspiration, the prickly-heat's itching to make one miserable. Sr. Martin had said that usually after she is a few hours on her way she begins to meditate, "Is it worth it?" But I was more fortunate. There had been a little rain during the past few days, enough to cool the desert a little.

About 5:30 A.M. the train made one of its numerous stops, and the bearer (waiter) from the dining car used the opportunity to bring us the tea we had ordered the night before. I breakfasted on egg sandwiches brought from Karachi, and the tea. The charge for it was 6 annas — a little less than 15c. For this, you get a tray set with cup and saucer, spoon, pitcher of milk, bowl of sugar, and a pot containing about 2½ cups of tea. With "call for and delivery" service as well, I defy America to beat that!

After Prime and meditation and one 15 second glance out of the window at the desert — I settled down with my companion for the trip, a paper-bound copy of *The Cardinal.* A nice book for the purpose, it is long and interesting enough. The cheap binding is its greatest virtue, though, because it would have been criminal to expose an expensive book to the dust that was continually with us. Terrible! The experienced Sisters had said, "Take along a dust cloth," and I was certainly glad to have obeyed. It saw hard use. That, and my bar of soap. A "lavabo" was necessary before I could touch my prayer book or book for spiritual reading.

When it was too hot or too dusty to read, I watched my flesh-and-blood travelling companions, a Muslim woman with her three daughters. I was fascinated by her efficient management of the little problems of travel with children. She could dive into any item of her mountain of luggage and find just what she wanted in 10 seconds flat. And of course, I saw her husband at each stop. He would come from

his men's compartment for a drink of water, or clean clothes, or food, or just to see how things were going and give his manly advice. Otherwise, how could a mere woman manage?

So the day passed, and half of another night. We arrived in Pindi on time, at 2 A.M. I had been eyeing my luggage, now a mere ten pieces (lunch all eaten), and figuring how if I carried this and this, I could manage with only two coolies. Well. Despite the hour, a whole swarm of them descended on me as soon as I opened the door. I shouted, "Siraf do chaye," (I only want two) convincingly enough, I guess, because all but a couple of the red turbans faded away. Again, one loaded up the other. First the trunk on the head, then the magazines on top of that, the two bolts of plastic over one shoulder, the waterpot in one hand, and he was doing the best he could to get the duffelbag hung on somewhere when I realized that the one good fellow was planning to carry it all. The second coolie was just a loading assistant! Happily the tonga stand was near, and my coolie made it without collapsing under his load. If I had a picture of him with it all, Ripley would snatch it up for his "Believe It Or Not!"

The tonga walla took one look at me and said, "Holy Family Hospital?" What a joy to be known! One of the fruits of our years in Pindi. We haven't reached that stage in Karachi yet.

I spent the day in Pindi with our Sisters, and touring the hospital — it was lovely.

The next day the last lap of the journey began with a tonga ride from Holy Family Hospital to the bus station, this time accompanied only by the foot locker and one small suitcase. We got in a traffic jam on the way. The objects of locomotion which were involved were: 1. bicycles; 2. tongas; 3. donkeys; 4. camels, and 5. ox carts. I didn't see one car on those crowded streets. Rawalpindi is really a *native* city. Karachi is half Western by comparison.

The bus left at 8:15 A.M. and we were in the mountains after only four or five miles. It was a pretty good bus (Chevrolet motor) and we had an excellent driver, but our speed varied from 10 to 30 miles per hour depending on whether we were climbing steeply or going along almost on level. There was no going downhill. The forty mile trip took three hours, and everyone congratulated us on the good time we had made!

On arrival at Murree, the coolie problem again presented itself, but simpler this time, as there was only the trunk to be carried. It was a half hour walk to our house from the bus station, but the trunk had to be taken via the coolie's back, as there are no vehicles from here to Murree. Except a rickshaw, which is a two-wheeled cart pulled by two men in front and pushed by two in the rear. That, I rejected with horror. God never intended men to be pulling other men (at least, healthy ones) in rickshaws, I feel sure. At least, I am positive, He never intended them to be pulling Sister M. Roberta!

We walked up a macadam road which forked after some time and became a macadam walk and then branched off it onto a dirt footpath meant only for single-file use; tread carefully on it, as it wound round a hill, and then saw a solid old house with a ramshakle porch, set on a hill top which is covered with pine forest — Oxford Villa. Journey's End! Come and make the trip sometime. . . .

THEY'RE READY for the MISSIONS

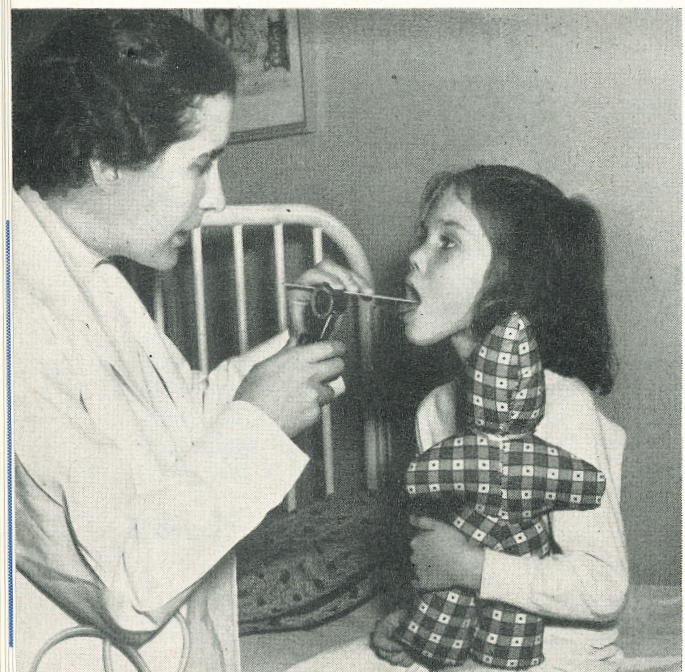
Sr. M. Anton, P. T., degree of Physical Therapy, University of Pennsylvania.

3 doctors	2 pharmacists
4 nurses	2 physical therapists
1 teacher	1 librarian

13 of our Sisters received their degrees this June. Only through the generosity of our benefactors was this made possible, since the days of preparation extended over many years. Now ready for service, equipped with knowledge and skill, they look forward to their active work. As you have helped in their training, so you will share in their bringing the Charity of Christ to the sick.

Sr. M. Martha, M. D., degree of Doctor of Medicine, Woman's Medical College, Philadelphia, Pennsylvania.

Sr. M. Christine, M. D. (l.) finished her internship at Nazareth Hospital, Philadelphia, Pa.
Sr. M. Frederic, M. D. received the degree of Master of Science in Surgery from Georgetown University.



Sr. M. Julia (l.) M. S. in Library Science, Catholic University, Washington, D. C.
Sr. M. Bonaventure, B. S. Nursing Education, Catholic University, Washington, D. C.

Sr. M. Teresita, Sr. M. Andrea, Sr. M. Rose, graduates of
St. Francis Hospital School of Nursing, Trenton, New Jersey.

(Left, from top to bottom)
Sr. M. Theodore, B. S. Pharmacy, George Washington University.
Sr. M. Joseph, B. S. Pharmacy, George Washington University.
Sr. M. Angela, P. T., University of Pennsylvania.
Sr. M. Benet, M. A. in Religious Education, Catholic University.

WHAT'S NEW
in the Medical Mission World

Sister M. Daniel, S. C. M. M.

HOW SHALL THEY LIVE

Writing in the "Civilian and Military Gazette" of Lahore, Pakistan (Dec. 18, 1953), Dr. Iqbal A. Siddiki lists some public health facts in favor of the opening of a medical school in the Punjab. Dr. Siddiki lists vital statistics for the Indo-Pakistan sub-continent as compared with the United Kingdom: (figures per 1,000)

	Undivided India	U K.
Birth rate	31.1	15.5
Maternal mortality	9	1
Infant mortality (under 1 year)	250	72
Number living to age of 10	560	890
No. living to 15	544	833
No. living to 50	240	747
No. living to 75	40	296
Life expectancy at birth	27 years	62 years
% total Gov. budget for health	3.4%	22.7%

In undivided India, there were 42,000 doctors for 400 million people, or one doctor for every 9 or 10 thousand people. Of these 42,000 doctors, 32,000 preferred to remain in cities, where only 12 to 15 per cent of the population resides. This meant that the rural areas, or 85 per cent of the people, had only one doctor for every 32,000 people!

In the Punjab, there are 1,470 doctors for a population of 18,814,000, or one doctor for every 12,500 people. The Bhore Committee recommended one doctor for every 2,000 and a uniform basic medical course for the entire country.

Doctor Siddiki adds that there should be no fear of over-population pressing upon resources since thickly populated areas like U.S.A. and Europe are not the breeding places of epidemics nor are the sparsely peopled Pacific Islands the healthiest spots of the globe!

Mother's Class in an Indian village.

AMOEBA PREFER WHEAT

An interesting study is being made of amoebic dysentery as it affects the three races living in Durban, South Africa — the African Bantu, the Indian and the European White.

In the White, it is discovered that the parasite apparently can live in its host without causing the disease. The Indian shows more chronic signs of amoebiasis, such as occasional liver abscesses. It is the African Bantu who suffers the disease in its worst form. Before the antibiotic attack on amoebiasis, the death rate for the Bantu was about 12%.

Research has shown that diet is important in fighting this parasite. The staple food of the White is wheat; for the Indian, rice; and for the Bantu, maize. Experiments on rats proved that the amoeba likes a wheat diet better than rice or maize.

Further study showed that it is the unbalanced diet which encourages the parasite. Usually the African lured to the city lives alone in the shack areas and cooks for himself. He does not bother to eat meat and other protein-supplying food. Instead he copies the White type diet in part by eating white bread and jam. Those Africans remaining in their kraals and eating their primitive diet or those who have adopted a balanced White diet seem almost immune to the disease.

Therapeutic Notes, April, 1954

HOW HIGH IS YOUR Q FEVER?

Dr. Derrick, the discoverer of Q Fever, was at a loss for a suitable name for this disease. For this reason, he called it Query or Q Fever. The disease is almost world-wide in distribution. A study has been made of it as found in Portuguese Guinea, Africa by Dr. Tendeiro. His book is called "Febre Q."

The first human cases were found in 1937 in a meat-packing establishment in Australia. The rickettsial organism which causes Q Fever was found in a great variety of ticks which live on domestic as well as wild animals. Contamination of man is believed to occur from using infected milk or from a meal of blood from cows or goats. Victims of Q Fever have a high temperature. Often there is severe frontal headace, general malaise and progressive weakness.

The Doctors Strangway, who work in Hospital de Chissamba, Angola think that many of the undiagnosed fevers of Africa may be Q Fever.

International Review of Missions, April, 1954

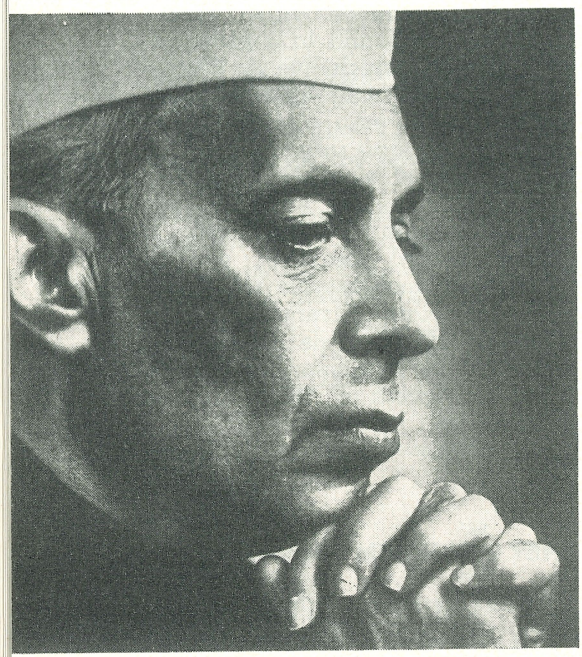
THEY BITE WHEN IT RAINS

The rainy season brings the mosquito Anopheles Gambiae to the dwellings of Africans in Portuguese Guinea. These mosquitoes, in turn, are hosts to the parasite which causes filariasis and elephantiasis. In 1947, 49.2 per cent of the population was infected with the parasite and of these, 10.1 per cent had symptoms of elephantiasis.

At present, it is impossible to spray the bodies of water which breed the mosquito. For these are the rice fields, and rice forms the basis of the people's diet.

Experiments are being made with the drugs Hetrazan or Carbilista for victims of elephantiasis. Weekly doses of 100 mgms. gave promising results.

Drs. Strangway,
International Review of Missions, April, 1954



Prime Minister, Nehru in a thoughtful pose.

BHARANANGANAM, S. I.

On February 6th the Prime Minister of India passed this way to Petta for a Congress meeting in preparation for the coming election in February. His coming was at 2:30 P.M. According to the information we received, he would pass by at 1:30 P.M. So we, the Sisters, girls and some of the patients were ready in a line on the road at 1:30 P.M. There was a policeman, too, at attention. Can you imagine we were there in the sun until 3:15 P.M.! Then he came. His group stopped near us. We garlanded him with our beautiful, faded garland, for this too was in the sun. In return, he gave Sr. M. Damian a beautiful bouquet. He might have received it in Palai when they greeted him. The next day the newspapers published all about it.

—Sr. M. John (Malabar)

PATNA

The new hospital is entirely under cover and the work should be completed within the next few months if the supply of cement comes in. Everything depends upon the cement — that is, the final finishing of the roof, the flooring and the terraza work. This season will be the last for the brick kiln and a great relief.

Today is the end of the Hindu "Holi." It has been the quietest one I have experienced. A few days before the celebration officially opened, school buses full of girls, including Patna Women's College and St. Joseph's were stopped by University students and all the passengers including Sisters and children of high officials were sprayed with color. As a result the police really took action, the students were sent away for the holiday, the streets were closely guarded, loudspeakers instructed the people how to conduct themselves and circulars were distributed.

Formerly it made one sick at heart just to look out on the street, but this year during the three days, travel between Bankipore and here was possible. Of course, we got some patients, among them a woman. She had been throwing color on passers-by from a second story balcony and evidently lost her balance. She fell into the gutter and

lay there for quite some time before anyone noticed her. She had a concussion but the next morning was fanning herself.

—Sr. M. Adelaide

POONA

On the 9th of March His Lordship Michael Rodriguez, Belgaum's first Bishop paid us a visit and last week His Eminence Cardinal Gracias accompanied by our Bishop, Father Lobo, and a priest of the Cathedral honored us with a short visit. The Cardinal was so tall that he had to bow his head to go through the parlor door. "It's like a toyhouse," he said. The Cardinal was visiting Poona. On April 25th there was a public Reception on the grounds of St. Vincent's at 7:00 P.M. The non-canonical novices and the two postulants went. The Mayor was there and several civil dignitaries besides, of course, a huge Catholic congregation. There were speeches in English, Concani, Marathi, Tamil. I liked the Marathi speech best because it was sung, in real Indian style. The highlight of the evening was the Cardinal's speech. Really beautiful. He has such a forceful personality and has a great sense of humor; yet, at the same time he talks very straightforward and with great courage.

—Sr. M. Henrietta

KARACHI

The Aga Khan visited Karachi not long ago. He came here for his 70th anniversary as Imam of the Ismailian sect of the Mohammedans. There were great festivities and preparations and one lady who came to the hospital said she just *couldn't* have her baby at that time since the Aga Khan was coming tomorrow and she wanted so much to see him. However, the baby came and she had to give up her invitation to one of the parties. Did she ever feel badly!

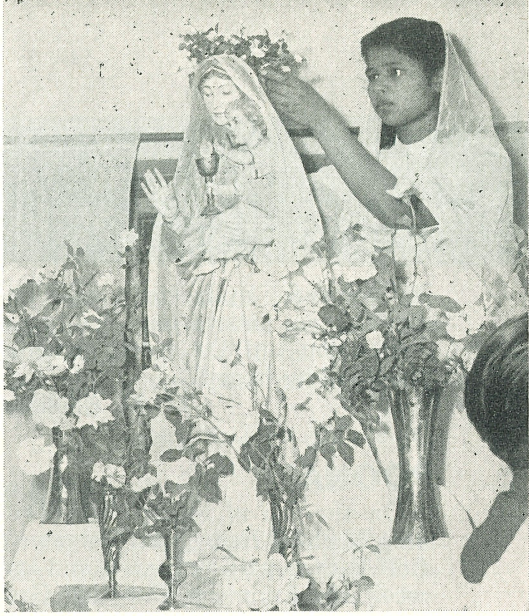
The highlight of the visit was his being weighed in platinum — a ceremony performed every so often to mark the various jubilees. Diamonds, gold and other precious materials have been used so far, so this time it had to be platinum — just a token weight of about 15 ounces and imported from Geneva, I believe. It is all carried out with much pomp and ceremony and the scene must have been very colorful — gold and scarlet robes, pearl-studded saris, etc. Karachi was filled with his followers from as far away as the U. K. and East Bengal.

Something new's been added to our post natal care around here lately. We now have *exercises* in the wards each morning for about 13-20 minutes. The mothers enjoy it so much and no doubt it's good for them but a bit hard on the instructor at times. We start out with a few simple exercises like trying to sit up straight in bed from a horizontal position without touching and work up to a fast and furious leg exercise (all in bed, of course) at the end. So far so good, and it's grand to see them laughing at themselves for a change. They are usually so serious and sober even at the tender ages of 18 to 22.

—Sr. M. Ruth, R. N.

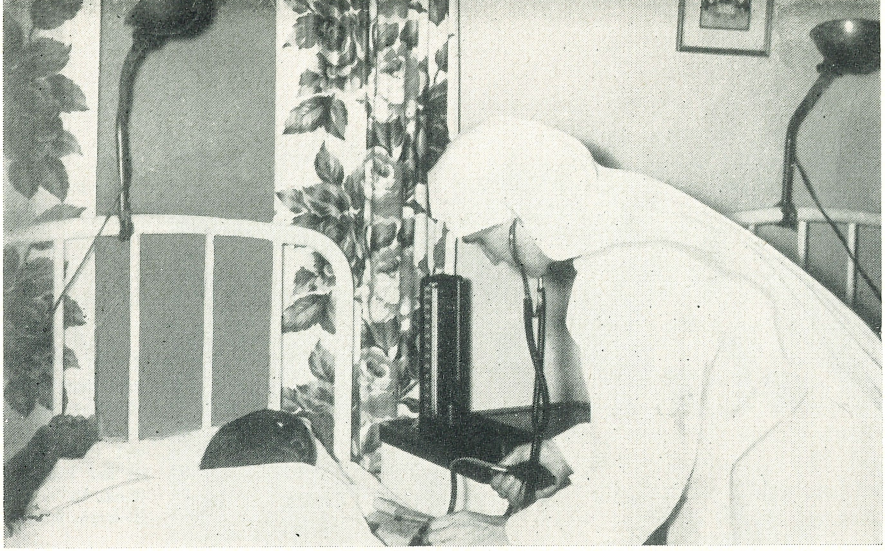
Heat Wave in Rawalpindi

Towards the end of May it really turned hot — and there was absolutely no let-up until now when we had our first rainfall. It is almost impossible, I am sure for anyone to imagine the temperature staying between 110° and 119° all day and all night for such a length of time. We were all to the point where we hated to go to bed at night because we could not sleep. The mattresses were burning up and did not cool off all night. Some nights you felt that if you closed the windows you would at least keep out some of the terrible heat. We tried everything to get some relief. As you know, the floors of the hospital are cement, so we threw buckets of water over the floors and turned on a ceiling fan. We threw water over the curtains in the windows. The beds are only string beds with cotton mattresses, so they could not be hurt much by a little water. They got their share of water. We received a short sensation of coolness and would fall asleep, only to wake up in an hour or two perfectly dry and literally sick from the heat. We repeated the process, — at least three or four times during each night. You can imagine how rested we were at 4:00 A. M. when the rising bell rang out.



Miss Winnie Vellozo, Goan student nurse, from Karachi, crowns the Blessed Virgin, Holy Family Hospital, Rawalpindi. Winnie is Sodality Prefect.

Holy Family Hospital nurses and students entering chapel for Procession and May Day Crowning of Our Lady by the Nurses' Sodality.



Atlanta, Ga., Sr. M. Louise, R. N. takes the patient's blood pressure.

During this period we especially thanked the Holy Father for his dispensation regarding drinking water before receiving Holy Communion. Certainly that has been a real blessing for the missionaries in hot countries. Many a night I knew we could not have held out until Mass time.

Several cases of heat stroke were brought in at that time.

One afternoon a young boy of about thirteen came to the dispensary. Doctor said, "Heatstroke," and sent him to the desk for admission. We put him in bed and while admitting him, I found out that he was a Catholic boy from St. Patrick's school. I asked if Father knew he had come in. Yes, he knew, but perhaps would not be coming. I took another look at the boy and asked one of the men to take his bike and go after Father immediately. The nurse and Sr. William worked on him while I set up the table for Extreme Unction and then spent the next few minutes running in and out to see if they were coming back. Finally the two bikes drove in the gate. Father came in and gave him the last Sacraments, said a few prayers and then left the room a minute to cool off (he had cycled over in the afternoon heat) and have a glass of water. When he came back, the boy was dead. He had been in school all morning. You can imagine what a shock that must have been to his mother.

Now, thank God, the monsoon is here and they are having rain in 'Pindi, so that it is keeping bearably cool.

—Sr. M. Christopher

GEORGIA

Perhaps some of you have heard about Diane our hospitalized cardiac patient. We call her our "joy box" because, although confined to bed in the Clinic, she keeps the atmosphere happy with her singing and lively chatter.

One of the Sisters was trying to teach Diane to say, "Now I lay me down to sleep." Sister would say a line and Diane would repeat after her. Everything went along fine until Sister said, "If I should die before I wake."

Diane repeated, "If *you* should die before *you* wake." Diane wasn't taking any chances!

—Sr. M. Jacob, R.N.

(L. to R.) Sr. M. Perpetua, M. D., Sr. M. Pius, R. N., and Sr. M. Evelyn, M. T. get their first look at the home industries, in a Mandar Village, India.

MANDAR

January and February is the time for Catholic weddings. Although the parents arrange the marriages still the couples will know each other for a year or more and have a right to refuse the picked partner.

In December is held "Ihode School" (Wedding School). All must attend. At the end of instructions all the participants make a three day retreat. On January 4th Sr. Anastasia and I went to a Nuptial Mass. It began about 6:15 and 10 couples were married. The brides were dressed in an all-white sari with some kind of festive border; their veils were finger tip length and a crown of *paper* flowers on their heads. The grooms wear a new white shirt and dhoti. They have a double ring ceremony and I noticed that almost all the brides wore a medal of Our Lady on a lovely blue ribbon around their necks.

After the Mass the couples sign in a register. Either they write their name or someone else writes it and their thumb print is stamped alongside it. After Mass and any picture taking that there might be, the couple separate and each goes to their respective homes. Now the custom is that *her* family prepares a very large feast, and like any wedding in any part of the world, it is expensive! The bride, her friends and relatives spend the rest of the day preparing for the feast. The men make the fires to cook the rice, do the necessary butchering and make rice beer. The women make the drinking cups and plates out of the leaves of the Sal tree. These are joined together by a small piece of bamboo — the bamboo is used like a safety pin. About four or five in the afternoon the groom comes with his family and

friends. The whole time that it takes to go from his village to hers, drums are played and sometimes flutes. Then the bride and groom sit on a special new mat and the people begin to dance. The feasting and dancing continue until the cock crows. Then the groom must carry the bride to his home where she will live with his parents, brothers and sisters, their wives and husbands. Again the playing of drums. For two more days there is feasting in his family. Sometimes one wakes up at night and hears the drums as the procession passes through the nearby fields. One member of our staff got married and invited us to her reception (?) . . . I don't know what else to call it. As we arrived we saw some professional dancers. They danced as they approached the house to the tune of three very large drums. They had tiny bells tied to their ankles and a merry sound they made as they stamped their feet or jumped into the air. I couldn't help but think of the Wedding Feast at Cana. Our hands were ceremoniously washed and the feet of all the men were washed and oil rubbed on them. Regina (the bride) and her sister gave us tea and a kind of candy that is peculiar to this area. It was very good. For these people it is impolite to talk to one who is eating. When we finished Regina showed us all the rice that was cooking and explained that they expected 100 to 150 guests. Some guests had given the couple a baby kid and there were two or three tied to a tree. As we began to leave Regina untied one, put some rice and spices into a basket, put the basket on her head and accompanied us home and presented these gifts to Sr. Ignatius Marie. Now these are poor people and yet they gave the Sisters one of their valuable animals. After this experience, I understand more clearly why Our Lord said, "The kingdom of heaven is like a wedding feast . . ."

—Sr. Evelyn, M.T.

LOTS FOR LITTLE

Live in the N. Y. C. Area? Then give your old clothes, furniture and household goods to the LOTS FOR LITTLE THRIFT SHOP. It's a double charity; providing thrifty bargains for N. Y. needy and M. M. Sisters share the proceeds. Send things to:

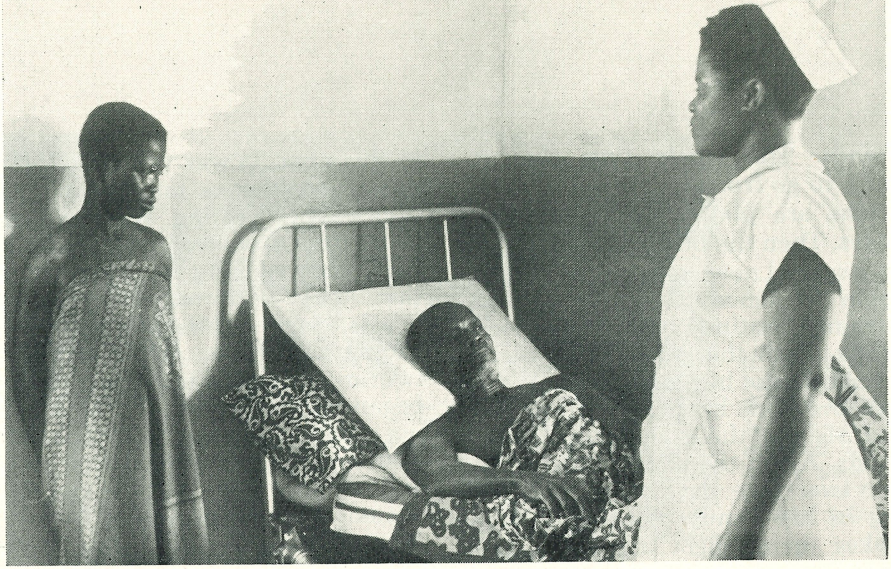
1214 Third Avenue, N. Y. C.

YOUR WILL . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $..... for its general purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.



Twi Talk about Berekum

Sister M. Raphael, B. S. Pharm.

"SISTER, I want to be one of you!" No ifs or buts! Kwabena Kyei had made up his mind as he lay for a long time in the semi-raised position which somewhat relieved his distressed breathing. He himself did not know what determined his decision; no one had ever approached him on the subject. Perhaps it was through experiencing the daily and nightly ministrations of the Sisters.

Sister Marianne's first question was not on any article of Faith: "How many wives do you have?"

"Only two, Sister, and I will send one away." So Sister made arrangements for him to receive instructions.

One of the first things Father did was to check up on his marital life. Yes, he had two wives. In fact, he had already sent one away, back to her family. But after further questions Father discovered he had sent the wrong one away. For the elder wife of his first marriage, for which he had paid the customary native "Head rum" (bride price), was his true wife. But he had sent the older one away, and kept the younger one, who was, incidentally, better looking.

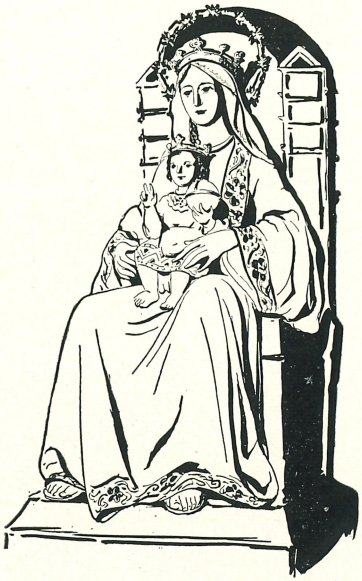
Father feared the catechumen would waver when it was explained to him that he would have to keep his first wife. But with a magnanimous gesture he announced he would rectify matters.

However, the night before he was to be received into the Church he suddenly took a turn for the worse. Death seemed imminent.

Sister Marianne told old Kwabena she would baptize him immediately. He was conscious but too weak to do more than smile!

As soon as he was baptized he opened one eye (a characteristic action) and looked at Sister as his lips slowly moved. Sister bent down to catch what he said: his first words as a new Christian, of one who was so soon to meet his Saviour. Then he who had been kept alive on intravenous glucose for the last several days faintly murmured: "Now I can't eat meat on Friday."

Our Lady of the Tree Bark



Sister M. Benet, S. C. M. M.

THROUGH the solitary road that winds between the trees walk two people. A woman and a child slowly and wearily make their way along the dusty path with only one desire urging them on, the desire to get to Guanare, kneel at the feet of Our Lady of Coromoto, and receive the heavenly blessing of her kindly gaze. Ignoring the weariness that becomes more painful at each breath, paying no attention to the night that is quickly enveloping them in its darkness, they continue on their mission.

Finally the darkness becomes impenetrable. Mother and son despair of reaching the feet of Our Lady of Coromoto that night and decide to halt until dawn comes to erase the black blotches in their way.

At the foot of a tree standing by a stream they set up their modest camp. Soon the mother's prayer is heard, a prayer of love shines like another star in the night. The child sleeps. The echo of the prayer had not yet vanished from the narrow clearing when suddenly the place was bathed in a strange light. The child awoke and with a trembling finger signaled to his mother who was still on her knees.

On the tree at the foot of which they had encamped, a very brilliant light, which however did not hurt the eyes, was softly moving. It did not seem to come from anywhere but rather seemed to be suspended in the air. The boy, perplexed, took a machete and sliced off the bark of that part of the tree where the light was shining.

The next day, on examining the piece of bark mother and son fall to their knees in thanksgiving. By a striking miracle of the Virgin of Coromoto, who had wished to satisfy the desires of the pious woman who had wanted so much to see her, the piece of wood that rested on the woman's hand had imprinted on it, with all exactitude, the image of the Virgin which offered itself as a haven of peace and security to all who looked upon it.

It is that piece of bark which, as a physical testimony of one of the most portentous miracles of the Virgin of the Bark and which awaits the pilgrim in the same place where it appeared more than a hundred years ago, in the town of the Aparición in Venezuela.

WHICH HOSPITAL NEEDS YOUR HELP MOST?

CHETTIPUZHA, S. INDIA

A new mission hospital means a new chapel and furnishings:

Altar Crucifix		$30.00
2—12" Candlesticks	pair	$15.00
Ablution Cup		$15.00
Cruets and Tray		$3.50
Luna Box		$6.00
Host Box		$6.00
Communion Paten		$12.00
Altar Cards	set	$15.00
Mass Missal		$30.00
Requiem Missal		$13.50
Ritual		$3.25
Sanctuary Lamp and Stand		$50.00
Vestments	set	$25.00
Cope		$50.00
Surplice		$15.00
Alb		$30.00

DACCA, PAKISTAN

Dacca used to be famous for its beautiful fine muslin, but Sr. M. Benedict, M. D., wants **unbleached** Muslin for the Dacca hospital — **5,000 yards** to convert into sheets, gowns, pillow cases, etc. 81c a yd.

RAWALPINDI, PAKISTAN

All patients appreciate privacy and especially Moslem women who live in purdah. Sr. M. Dolores, is asking for curtain rods and materials for 7 wards of 16 beds each, and believe it or not the cost comes to $500.00.

Pindi's doctors need a Stryker's bone saw $148.00.

And the nurses ask for:
Buttons for uniforms
2 Victrolas and ordinary records, square dance records with calls
Books of general interest — good fiction

NEW DELHI, INDIA

Suction pump **$100**
Syringes of all kinds:
2cc., 5cc., 10cc. .. **$2.00 each and up**

WELKOM, S. AFRICA

Books for the Nurses.

DEAR SISTERS:

Here is $..... for your mission hospitals.

for ( ) CHETTIPUZHA ( ) RAWALPINDI

for ( ) DACCA ( ) WELKOM, S. AFRICA

Name .....

Address .....

City ..... Zone ..... State .....

Holy Father's Message To The Sick

We were thinking of you, beloved sons and daughters who are ill, you who can lay special claim to be among those closest to Our heart and soul.

The Mother of God indeed bends over you with loving tenderness, eager to dry the tears of the afflicted, who run to her maternal breast as to a secure haven in the tempests. So also the Vicar of Christ relies upon you, the precious jewels of the Church of God and its powerful source of spiritual energy, for the realization in this holy year of the many and sorely needed blessings envisaged in our Encyclical FULGENS CORONA for the well being of humanity and of the Church itself.

This lively hope moves Us to address you today, with the intention of gathering all of you under the loving protection of our common Mother, Mary Immaculate, of surrounding you with Our charity and that of all the faithful who are praying for you, and of reminding you of the mission to which Divine Providence has destined you in your sickness . . .

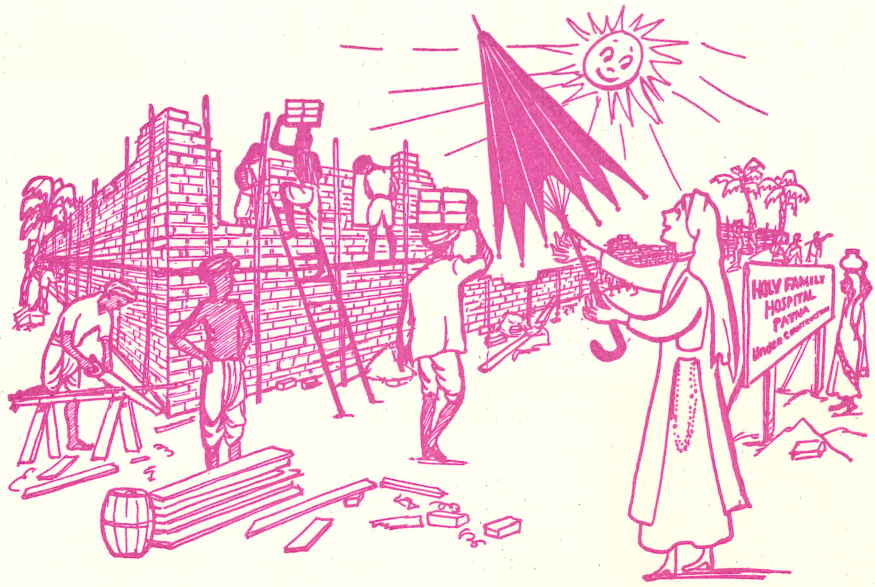
We have always begged Jesus to make Our heart in some way like His: a good heart, a meek heart, a heart open to all sufferings, to all pains. But how greatly would We wish to have some reflection of the omnipotence that is His! How We would desire to pass in the midst of you, drying tears, bringing comfort, healing wounds, giving back again strength and health!

For all of you, dear children, who do not yet know how to pronounce the "So be it" of resignation and patience, We invoke God's blessing asking that He send a ray of His light into your souls, and that you may cease to contradict with your will His plan, His will, His work, that you may become convinced that His Divine Fatherhood is still loving and benevolent, even when He judges it necessary to make use of the bitter chalice of suffering.

Beloved sons and daughters! If to your eyes wearied with sickness the whole universe, gloomy and oppressive, is confined within the narrow pace of a little room, let in the light of faith, and at once it regains its limitless dimensions. Faith will certainly not make you love suffering for its own sake, but it will give you an insight into the many noble reasons for which sickness can be serenely accepted and even desired.

And you, do you want to be like Jesus? Do you want to transform yourself into Him? Do you want to be a channel of life for Him? In sickness you can find the cross and be nailed to it and thus die to yourself so that He may live and make use of you. How many of you, beloved children, would like to help Jesus save souls! Then offer Him your sufferings according to all the intentions for which He continually offers Himself on the altars of our churches. Your sacrifice, united to the sacrifice of Jesus, will bring many sinners back to the Father; many without Faith will find the true Faith; many weak Christians will receive the strength to live fully the teaching and the law of Christ. And on the day on which the mystery off Providence in the economy of salvation will be revealed in Heaven, you will finally see to what extent the world of the healthy is your debtor.

And now, beloved sons and daughters, We leave you. We pray to Jesus, friend of the suffering, to remain with you, to remain in you. We pray to the Immaculate Virgin, your most affectionate Mother, to comfort you with her smile and to protect you beneath her mantle. —Pope Pius XII



Showers Expected!

"Pray for rain!" was the country pastor's plea as the prolonged drought was ruining the area's crops — but only one little girl appeared with her umbrella, the next Sunday. Her faith was persevering.

Dear St. Joseph, our faith in the continued generosity of your friends is persevering also. Sister is carrying HER umbrella for that veritable shower of dollars we hope to receive to pay — brickmen, builders, plumbers, electricians working daily on the construction of Holy Family Hospital, Patna. We go forward on the strength of that faith.

Holiday time is here. Will you please ask your friends to sacrifice part of their vacation money to meet some of these steadily mounting bills? They will be blessed as "sacrifice and prayer always pierce the heavens."

Perseveringly yours,

Mother Anna Dengel, M. D.

ARE YOU A FRIEND OF SAINT JOSEPH'S?

Dear Mother Dengel:

Here is my gift for Patna's New Holy Family Hospital $.....

Name .....

Address .....

City ..... Zone ..... State .....